

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009746

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 3473

FILED MAR 31 1963

Primary Registration District No. 500

Registrar's No. 635

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 4000

2 40112

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS MISSOURI</b>		Length of stay in lb <b>2 DAYS</b>	c. CITY OR TOWN <b>BRENTWOOD</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>8905 WHITE AVENUE</b>
3. NAME OF DECEASED (Type or print) First <b>ELMER</b> Middle <b>N.</b> Last <b>CRONE</b>		4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-15-99</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAIL CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. GOVERNMENT</b>	9. AGE (last birthday) <b>64</b>
13a. FATHER'S NAME <b>JAMES N. CRONE</b>		13b. MOTHER'S MAIDEN NAME <b>GEORGIA ANN LEFLEY</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA CRONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		17. INFORMANT <b>ANNA CRONE (WIFE) 8905 WHITE AVENUE BRENTWOOD 17, MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>(MASSIVE) MYOCARDIAL INFARCTION RECENT THROMBOTIC OCCLUSION OF (L) CIRCUMFLEX CORONARY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>2-20-63</b> to <b>2-22-63</b> Death occurred at <b>7:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>PAUL G. STROMSDORF</b>	
22b. ADDRESS <b>M.D. VET ADM HOSP, JEFF BRKS, 25, MO.</b>		22c. DATE SIGNED <b>2/22/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/25/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kirkwood Mo</b>
24. FUNERAL DIRECTOR <b>Bopp Chapel</b>		25. DATE RECD. BY LOCAL REG. <b>2-25-63</b>	
26. REGISTRAR'S SIGNATURE <b>[Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Francis J. Wyland Jr.*

Licensed Embalmer No. 4512

P. O. Address Richwood, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.